

Resident Phase Review Form

Resident Name:

Date:

Staff Name:

Phase:

Please use the space below to evaluate the performance of the resident. Include behavior and attitude. Review attendance and participation. Please give examples and dates (if relevant).

[illegible]

Resident Phase Review Form

Evaluation Date:	Entry:	Phase I:	Phase II:	Phase III:
Name:		Program Staff:		
	Evaluation:	Recommendation:		
Chores:				
Clean-up Crew:				
Cooking/Grocery Shopping:				
Relationship with Peers:				
Relationship with Staff:				
Curfew:				
Educational Goal (self):		Educational Goal – Child (ren):		
Medical Care:	Self:	Child 1:	Child 2:	Child 3:
		_____ (name)	_____ (name)	_____ (name)
❖ Doctor / GYN				
❖ Specialist				
❖ Current Medical Problems				
❖ Diagnosis				
❖ Procedure(s) Required				
❖ Medication(s) Taken				
❖ Next Appointment(s)				

Dental Care:	Self:	Child 1: _____	Child 2: _____	Child 3: _____
		(name)	(name)	(name)
❖ Dentist				
❖ Specialist				
❖ Current Dental Problems(s)				
❖ Next Appointment				
Housing:				
Meeting with Housing Search worker? <input type="checkbox"/> Yes <input type="checkbox"/> No		Made Applications to: _____ _____ _____ _____		
Sobriety:		Clean and Sober Date: _____		
AA/NA Meetings: 1.		2.	3.	
Sponsor First Name ONLY:		Dinner Date:	No. times Weekly:	
Savings & Budgets:		Amount Saved:		
Bills Paid:		Bills Owed:		
Items/Supplies to be purchased: <input type="checkbox"/> S.O.S. Book <input type="checkbox"/> Twelve-Step Book <input type="checkbox"/> Living Sober <input type="checkbox"/> Big Book <input type="checkbox"/> Women Who Love Too Much <input type="checkbox"/> Dictionary <input type="checkbox"/> Vacuum <input type="checkbox"/> Iron Board <input type="checkbox"/> Iron		<input type="checkbox"/> Car Seat (under 4yrs.) <input type="checkbox"/> Tools <input type="checkbox"/> Medicine Chest <input type="checkbox"/> Clay, Crayons. Notebook <input type="checkbox"/> Coffee Pot <input type="checkbox"/> Timer <input type="checkbox"/> High Chair (under 2yrs.) <input type="checkbox"/> Office Supplies Other _____ _____ _____ _____		

Group/Individual Therapy:	Attendance:	Participation:	Homework:
Substance Abuse			
Parenting			
Individual			
Relapse Prevention			
Nutrition & Meal Planning			
Relationship with child(ren):	Child 1:	Child 2:	Child 3:
Babysitting Eligibility :			
Referrals:			
Self:	Child 1:	Child 2:	Child 3: